## OFFICE OF THE STATE PUBLIC DEFENDER ATTORNEY'S SUMMARY OF EDUCATION AND EXPERIENCE

Name:				
	First	Middle	Last	
Address:				
	Business			
	Home			
Business P	Phone:	Other p	hone	
E-mail:				
YOUR LE	EGAL EDUCATION:			
Undergrad	uate:		Degree	Date
Law School	ol:		Degree	Date
Please note	e below any other relevant	graduate, professional,	or vocational education	on:
	F YOUR ADMISSION T			
	upreme Court rt(s)			year of admission)
which you	ever been formally discipling have been admitted to prassistance?			
Vac	No (If you	nlassa avnlain on son	arata nanar)	

## **YOUR LEGAL EXPERIENCE:**

How many years have you been e	engaged in the	active practice of	f law?	
Please describe any employment	experience wit	h the following	offices:	
	Years	Place		
( ) as a judge				_
( ) as a U.S. Attorney, District Attorney, or Attorney General				
( ) as a Public Defender				
( ) as a City Attorney				_
( ) as a Private Practitioner				_
Number of jury cases tried: (appr		_		
Montana District Court Justice or Municipal Court Tribal Court Other Court (specify) U.S. District Court Youth Court		vil	Criminal	
How many criminal felony appoi	ntments in the	State of Montan	a have you had in the past 3 y	/ears?
Please indicate whether you have so, generally describe your exper		nsel of record in	any of the following types of	cases and, if
Involuntary commitment				
Juvenile delinquency (youth	court)			
Dependency and neglect (you	ath in need of o	care)		
Guardianship / Conservators	hip			

Please describe below three cases which you believe qualify you to assume direct responsibility for representing either adult defendants charged with felony level offenses, or juveniles charged with delinquency. You should choose cases which proceeded to jury trial. In the event you did not handle any

cases through jury trial, please explain why. ( <u>Note</u> : it is not the intent of this question to request disclosure of confidential case information. Rather, we are simply interested in giving you an opportunity to discuss why you have resolved your criminal cases short of trial.)

## YOUR SPECIAL SKILLS / INTERESTS:

If you believe you have special skills or knowledge which would make you more qualified to handle certain types of cases, please advise:

( ) Foreign Language Proficiency	
( ) Accounting	
DNA or forensic training	
) Mental health training / experience	
) Chemical dependency training / experience	
) Law enforcement training / experience	
O Cultural sensitivity training	
( ) Other	
Please let us know if you have a special interest or experience in particular areas of the law or type cases:  ( ) Death Penalty	es of
•	
) Homicide	
Crimes of Violence	
Sexual Assaults	
Drug cases	
Property Crimes	
Theft Crimes	
) Juvenile Delinquency	
) Appellate / PCR	
) Mental health law	
) Dependency & Neglect	
( ) Guardianships / Conservatorships	

CONFLICT OF INTEREST DETERMINATION	
Please indicate the type of case tracking system you emploindicate whether you can provide that data to the Office of	
JUDICIAL DISTRICT(S) AND/OR COUNTIES IN V	_
REFERENCES: The following are people familiar with my trial skills who	
<u>Name</u> 1.	Phone Number
2	
3	
SELF CERTIFICATION: Please check ones that are ap	pplicable.
( ) I believe that I have the experience, education, and tra- which I am appointed, including complex prosecution	
( ) I believe I have the experience, education, and trainin criminal case under the Montana Criminal Code.	g to effectively handle any "routine" felony
( ) I believe I have the experience, education, and trainin cases under the Montana Youth Court Act.	g to effectively handle juvenile delinquency
( ) I believe I have the experience, education, and trainin cases.	g to effectively handle criminal misdemeanor

( ) In order to gain more experience, I am willing to act in a second chair capacity under the supervision

of a senior staff attorney.

YOUR CURRENT PROFESSIONAL LIABILITY INSURANCE CARRIER IS:

S	gnature Date	
P	have a working knowledge of the Montana Criminal Code (Title 45), the Montana Rules of Criminal Code (Title 46), the Montana Rules of Evidence, and believe I am capable of trying a state criminal sea. I make this certification of competency under the Montana Rules of Professional Conduct, Rules	inal
(	) Other (please specify)	
(	) I believe I have the experience, education, and training to effectively represent parents in depend and neglect (YINC) cases under Montana law.	ency
(	developmental disability cases.	.na

Please send this completed form to

Contract Manager
Office of the State Public Defender
44 West Park Street
Butte, MT 59701
Telephone: (406) 496-6080

Telephone: (406) 496-6080 Fax: (406) 496-6098